



ELSEVIER

Contents lists available at ScienceDirect

European Psychiatry

journal homepage: <http://www.europsy-journal.com>

Viewpoint

How is psychotherapy training perceived by psychiatric trainees? A cross-sectional observational study in Europe



1. Background

Evidence for efficacy of psychological therapies is growing and the inclusion of such therapies in international guidelines for treatment of psychiatric disorders is increasing as well. Accessibility of psychotherapeutic treatment for the patients can be improved through providing improvements in training of psychotherapists – including psychiatry trainees. European organisations have published guidelines requiring programs to promote psychotherapeutic competences among psychiatry trainees, for example the European Psychiatric Association [1,2] and the European Federation of Psychiatric trainees (EFPT) [3], whose statements are largely concordant with the Union Européenne des Médecins Spécialistes (European Union of Medical Specialists) (UEMS) statements [4]. However, the implementation of these recommendations and the quality of psychotherapy training appears to be poor among European countries [5,6]. We aimed to assess the availability of psychotherapy training for psychiatric trainees in Europe and trainee level of satisfaction. Furthermore, we assessed the awareness and implementation of the UEMS recommendations.

2. Methods

We carried out a cross-sectional survey from January 2013 to October 2015. An online questionnaire was designed by the EFPT Psychotherapy Working Group, as a result of collective debates considering previous studies [5,6] and psychotherapy training-related European recommendations [2–4]. The target population was meant to be psychiatrists in training or those within 5 years from qualification. We established national coordinators for each country to spread the questionnaire via local trainee networks. In some large countries there was no way for them to estimate accurately how many trainees there were but we estimate that there might be 20,000 psychiatric trainees in Europe. Two reminders were sent out across the survey period for each participating country. The questionnaire was implemented using Open Source software – Limesurvey. Further technical details as well as the data and analysis files are available at <https://github.com/EFPT/efptPWG>.

3. Results

Five hundred and seventy-four respondents returned the survey, with a response rate of 2.9% of estimated number of European psychiatry trainees. We collected answers from 22 Euro-

pean countries: Romania ($n = 93$), France ($n = 64$), Slovenia ($n = 60$), Czech Republic ($n = 58$), Italy ($n = 53$), Greece ($n = 43$), Israel ($n = 35$), Belgium ($n = 26$), Spain ($n = 24$), Germany ($n = 24$), Finland ($n = 24$), Bulgaria ($n = 19$), Latvia ($n = 10$), Bosnia and Herzegovina ($n = 10$), Lithuania ($n = 7$), Estonia ($n = 7$), Albania ($n = 7$), Malta ($n = 5$), Switzerland ($n = 2$), United-Kingdom ($n = 1$), Croatia ($n = 1$), Belarus ($n = 1$).

They show very significant interest and motivation for psychotherapy but available resources appear scarce. Recommendations of UEMS are reported to be known by 51% of respondents and implemented in 22% of respondents' country of origin. Data analyses for the whole sample are provided in Table 1.

The respondents from two countries (Croatia and Belarus, $n = 3$) were excluded from the comparisons between countries because there was not at least one answer by variable of interest. The only respondent from United-Kingdom was also excluded. With exception from Malta, Germany and Israel, less than 50% of respondents had received any training in psychotherapy within their psychiatry program. On average 1 out of 5 trainees reported to have received psychotherapy, but such an effort or a more comprehensive training were undertaken on one's own initiative for 40% of respondents, and more than 50% of those from Lithuania, Bulgaria, Greece, Spain and Czech Republic paid for this experience from their own pocket. Ninety percent of respondents wished to practice psychotherapy in the future. Trainees from 8 out of 20 countries gave a mean "satisfied" rate concerning PT opportunities and components in their psychiatric curricula. Trainees from Malta, Belgium, Israel and Germany were the most satisfied. Trainees from Albania, Latvia, Bosnia and Herzegovina were the least satisfied. Only one country (Malta) gave a mean "satisfied" rate concerning psychotherapy training funding within their psychiatric curricula. All other respondents were, on average, dissatisfied concerning this aspect, especially those from Albania, Slovenia, and Bulgaria. Mean duration of supervision per month was highest in Bosnia, Israel, Malta and Switzerland with more than 8 hours. Lowest availability of psychotherapy related supervision was found to be in Albania, Belgium, Finland, Estonia and Czech Republic with less than 3 hours per month.

4. Discussion

To our knowledge, this is the first large survey focusing on the topic of psychotherapy component in psychiatric training in Europe.

Table 1

Data analyses of the cross-sectional survey, whole European sample.

Variable of interest	Result	
Socio-demographics		
Number of respondents	572/20,000 (response rate = 2.9%)	
Responding countries	22	
Sex ratio	69% female (<i>n</i> = 395), 31% male (<i>n</i> = 177)	
Mean age	32 years old (sd: 5.3)	
Status	80% trainees (<i>n</i> = 479), 19% early career (<i>n</i> = 93)	
Interest in psychotherapy		
Consider psychotherapy as important for their professional identity	92% [95% CI: 0.89–0.94] (<i>n</i> = 508)	
Want to practice psychotherapy after psychiatry training	90% [95% CI: 0.87–0.92] (<i>n</i> = 495)	
Psychotherapy type interest	60% psychodynamic (<i>n</i> = 345), 46% CBT (<i>n</i> = 266) 26% systemic (<i>n</i> = 150), 1% group (<i>n</i> = 9), 28% other (<i>n</i> = 165), 32% more than one type simultaneously (<i>n</i> = 222)	
Involvement if possibility of free PT	96% [95% CI: 0.93–0.97] (<i>n</i> = 461)	
Involvement if possibility of paying PT	60% (<i>n</i> = 279) [95% CI: 0.56–0.65] would give > 5% of their salary for PT	
Current situation in PT		
Training in PT	48% [95% CI: 0.44–0.52] (<i>n</i> = 329)	
Not involved in a PT	32% [95% CI: 0.28–0.35] (<i>n</i> = 213)	
Completed a full PT	5% [95% CI: 0.04–0.07] (<i>n</i> = 36)	
Undergone personal psychotherapy	40% [95% CI: 0.37–0.45] (<i>n</i> = 234)	
Undertook PT on their own initiative	33% [95% CI: 0.30–0.37] (<i>n</i> = 229)	
Qualified to practise psychotherapy after psychiatry training	38% [95% CI: 0.34–0.42] (<i>n</i> = 193)	
Benefiting from supervision	38% [95% CI: 0.33–0.42] (<i>n</i> = 187)	
Mean hours of supervision per month	1.36 hours [95% CI: 1.16–1.51]	
Compulsory in psychiatry training		
Theoretical lectures	70% [95% CI: 0.66–0.74] (<i>n</i> = 362)	
Practice of psychotherapy	43% [95% CI: 0.38–0.47] (<i>n</i> = 219)	
Personal psychotherapy	22% [95% CI: 0.19–0.26] (<i>n</i> = 113)	
Paid by state (publicly funded)		
Theoretical lectures	36% [95% CI: 0.31–0.40] (<i>n</i> = 171)	
Supervisions	26% [95% CI: 0.22–0.30] (<i>n</i> = 125)	
Satisfaction with current PT		
Satisfied with PT delivered in their country	35%	
Satisfied with psychotherapy components of their psychiatry training	22%	
Satisfied with funding provided for PT	9%	
UEMS recommendations for PT		
	Awareness (%)	Implementation in country (%)
Total	51	22
> 100 hours of supervision	45	30
> 120 hours of theory	40	25
Supervisors should be qualified	75	53
Personal therapy experience	58	41
PT as a mandatory part of the psychiatric curriculum	55	36
Defined number of cases should be seen	51	33
Work experience with individuals, families and groups	48	30
Training to various type of psychotherapy	45	25
PT should be publicly founded	41	25

PT: psychotherapy training.

The results reveal a large mismatch between the high motivation of trainees who want to be trained in psychotherapy, and the relatively limited resources available for such training. We observe low rates of satisfaction (35%) with components of psychotherapy training, similar as in a previous study [7], which is likely associated with poor availability of supervision and public funding for psychotherapy training for psychiatrists. By contrast, respondents show strong interest in psychotherapy, as 90% of them wanted to be able to practice psychotherapy after finishing their psychiatry training, which is consistent with a recent world survey in which 80% of interviewed early career psychiatrists trusted psychotherapy as a valid method of treatment for psychiatric disorders [7]. Financial burdens of psychotherapy training were highlighted in the World Psychiatry Association study [7]. Our work not only confirms this burden but also shows high motivation of trainees through the fact that 96% of respondents would invest their time to train in psychotherapy if they did not have to pay for training out of their own pocket. Furthermore, trainees said they would be prepared to pay on average 9% of their yearly salary in order to learn psychotherapy.

We find that UEMS recommendations for psychotherapy training component in psychiatry training are well known but

poorly implemented. Comparing the awareness of UEMS recommendations for psychotherapy training in psychiatry with the trainee perception of their actual implementation shows a large mismatch. UEMS points out that psychotherapy training should be publicly funded, whereas the majority of respondents have to pay for each PT component.

In a previous survey conducted among European psychiatry trainees, Nawka et al. have also pointed out similar challenges, namely the shortfall of patients and supervision made available by psychiatric centres for psychotherapy practice opportunities and lack of financial resources [8]. Lectures are the only mandatory psychotherapy training component in the curriculum for a large part of our respondents. Personal psychotherapy experience was undertaken by a minority of respondents, however both UEMS and EFPT statements recommend such experience. The low implementation of recommendations might reflect the poor communication from the academic societies and associations to the training centres. To assess this point properly, we think, trainers should also be asked about their awareness of psychotherapy training recommendations and their implementation.

We observed differences between countries concerning important components of psychotherapy training. Inequalities in

psychotherapy training distribution may be viewed as an indirect result of uneven distribution of mental health and general health services among European countries, but more comprehensive data would be needed for further analysis.

Given the findings of our survey, our interpretation for the best way to incorporate psychotherapy skills into trainee daily medical practice would be implementation of evidence-based psychotherapy training courses in psychiatric trainee curricula that should reflect trainee interest in several methods of treatment. Actual UEMS and EFPT recommendations are meant to address this challenge. The main issue in implementing the recommendations might be the communication between the national psychiatric associations and training centres. A European network of trainees, such as EFPT, could help gather updated resources and disseminate them to improve the quality of psychotherapy training (e.g. <http://efpt.eu/usefull-links/>). European psychiatric and psychotherapy associations could play a major role in bridging gaps between the reality of psychotherapy training and the trainees' demand, by pursuing high-quality psychotherapy courses arrangements. This should further improve the future scope and quality of care provided for psychiatric patients as psychiatrists are an influential part in mental health care systems.

This survey suffers from the common limitation of generalizability. It was not possible for us to conclude that we have reached a representative sample of psychiatric trainees, as the study sample size was relatively low and does not represent all Europe. Variations in the number of responses from individual countries impair the generalizability of the results. Trainees with an inclination towards psychotherapy could have been more disposed to respond and support improvement for psychotherapy training. Since the respondents were recruited through EFPT links to national trainees' associations, it is possible our respondents were more aware of the related guidelines.

5. Conclusions

This survey shows the need for improved psychotherapy training for European psychiatrists. The trainee motivation for psychotherapy training and awareness of European recommendations were high. However, trainees from their own experience thought their psychotherapy training and respective implementation of UEMS recommendations for psychotherapy training were insufficient. European psychiatric and psychotherapy associations could have a major role in making high-quality psychotherapy training more readily available for the future psychiatrists and therefore improve the future care of psychiatry patients in national mental health care systems.

Disclosure of interest

The authors declare that they have no competing interest.

Acknowledgements

We are particularly grateful to the former members of the EFPT Psychotherapy Working Groups 2012 and 2013 who had the original idea of the survey: Alina Petricean Braicu (former chair, UK/Romania), Michal Raszka (former chair, Czech Republic), Marko Tomicevic (Croatia), Aldona Sileikaite (Lithuania), Rita Silva (Portugal), Alma Hasalami (Albania).

We are grateful to Prof. Klaus Ebmeier who provided his valuable input and comments.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.eurpsy.2017.05.030>.

References

- [1] Bhugra D, Ventriglio A, Kuzman MR, Ikkos G, Hermans MH-M, Falkai P, et al. EPA guidance on the role and responsibilities of psychiatrists. *Eur Psy* 2015;30(3):417–22.
- [2] Mayer S, van der Gaag RJ, Dom G, Wassermann D, Gaebel W, Falkai P, et al. European Psychiatric Association (EPA) guidance on postgraduate psychiatric training in Europe. *Eur Psy* 2014;29(2):101–6.
- [3] EFPT. EFPT statements; 2016. <http://efpt.eu/wp-content/uploads/2014/07/STATEMENTS-OF-THE-EUROPEAN-FEDERATION-OF-PSYCHIATRIC-TRAINEES-1.docx> [Accessed 25.01.17].
- [4] UEMS Board of Psychiatry. Charter on training of medical specialists in the EU; 2013 [Accessed 25.01.17] <http://uemspsihchiatry.org/wp-content/uploads/2013/09/Chapter6-11.10.03.pdf>.
- [5] Fiorillo A, Luciano M, Giacco D, Del Vecchio V, Baldass N, De Vriendt N. Training and practice of psychotherapy in Europe: results of a survey. *World Psychiatry* 2011;10(3):238.
- [6] van Effenterre A, Hanon C, Llorca P-M. Enquête auprès des PU-PH sur la formation en psychiatrie en France. *Encephale* 2014;(40):208–15.
- [7] Nawka A, Kuzman MR, Giacco D, Malik A. Challenges of postgraduate psychiatric training in Europe: a trainee perspective. *Psych Serv* 2010;61(9):862–4.
- [8] Carmel A, Shapiro DI. Development of an evidence-based psychotherapy seminar for psychiatry residency training. *Acad Psychiatry* 2016;40(1):188–9.



Thomas Gargot is a trainee in psychiatry in Paris, France in La Pitié-Salpêtrière Hospital. He is also the chair of the EFPT psychotherapy working group and EFPT Information and Technologies secretary. He collects online websites and European events that could help psychiatry trainees <http://efpt.eu/usefull-links/forum-school-moocs/>. He is interested in cognitive and behavioral therapies especially motivational interviewing and psychoeducation. He did a master degree in cognitive sciences about automatic extraction of social signal on psychotherapies videos (<https://github.com/Ouphix/synchro-psychotherapies/>). He is interested in open science tools to improve research in psychiatry.

T. Gargot^{a,b,*}, C. Dondé^{c,d}, N.A. Arnaoutoglou^e, R. Klotins^f, P. Marinova^g, R. Silva^h, E. Sönmezⁱ, EFPT Psychotherapy Working Group^j

^aDépartement de psychiatrie de l'enfant et de l'adolescent, Hôpital de la Pitié-Salpêtrière, 47-83, boulevard de l'Hôpital, 75651 Paris cedex 13, France

^bLaboratoire Institut des Systèmes Intelligents et de Robotique (ISIR), Université UPMC, CNRS, 75005 Paris, France

^cInserm U1028, CNRS UMR5292, PSYR2 Team, Lyon Neuroscience Research Center, Centre Hospitalier Le Vinatier, 69500 Bron, France

^dUniversité Claude-Bernard Lyon 1, 69100 Lyon, France

^eDepartment of Psychiatry, University of Oxford, Warneford Hospital, Oxford OX3 7JX, Oxford, UK

^fTavistock and Portman NHS Foundation Trust, Adult Department, 120 Belsize Lane, London NW3 5BA, UK

^gPrivate psychiatric practice, Sofia, Bulgaria

^hDepartment of Psychiatry and Mental Health of the Baixo Vouga Hospital Centre, Avenida Artur Ravara, 3814-501 Aveiro, Portugal

ⁱMarmara University School of Medicine, Department of Psychiatry, Istanbul, Turkey

^jEFPT Psychotherapy Working Group 2016-2017, European Federation of Psychiatric Trainees, avenue de la Couronne, 201050 Bruxelles, Belgium

*Corresponding author. Département de psychiatrie de l'enfant et de l'adolescent, Hôpital de la Pitié-Salpêtrière, 47-83, boulevard de l'Hôpital, 75651 Paris cedex 13, France

E-mail address: thomas_gargot@hotmail.com (T. Gargot).

Received 19 February 2017

Received in revised form 11 April 2017

Accepted 21 May 2017

Available online 5 June 2017